

**MCDB Encounter File Processing
January 2007 - April 2008 Data**

**P131: CareFirst of Maryland Inc.
Based on Data After Final Encounter Processing (2006 - 2007)
Data Completeness Summary Report**

Eligible Services: 24,289,809
Services Submitted: 24,289,809

Source File: P131_enc5_dc_crunch.sas7bdat
File Date: December 5, 2008

Delivery System	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: HMO (Non-Medicaid, Includes Medicare)									
2: PPO-POS	114,996	92,579	-19.5	2,873,439	2,481,171	-13.7	177,745,140	156,308,544	-12.1
3: PPO or Other Managed Care	534,508	535,128	0.1	14,057,325	14,828,650	5.5	773,630,914	835,161,621	8.0
4: Indemnity Care	204,630	202,277	-1.1	6,615,632	6,668,277	0.8	252,157,827	256,391,826	1.7
5: HMO-POS Rider									
6: EPO		12,612			311,162			19,512,208	
9: Payer Code=9 (Unknown and Missing)	47	191	306.4	160	549	243.1	12,859	39,846	209.9
Total	841,272	837,966	-0.4	23,546,556	24,289,809	3.2	1,203,546,740	1,267,414,045	5.3

Plan ²	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
Non-HMO	649,758	644,809	-0.8	15,644,308	16,089,661	2.8	975,697,729	1,021,551,513	4.7
HMO Fee for Service									
HMO Capitated									
Medicare, All Types	163,382	163,025	-0.2	6,496,300	6,650,179	2.4	148,148,866	154,172,679	4.1
No Plan Assigned	69,464	72,164	3.9	1,405,948	1,549,969	10.2	79,700,145	91,689,853	15.0
Total	841,272	837,966	-0.4	23,546,556	24,289,809	3.2	1,203,546,740	1,267,414,045	5.3

Coverage Type	Number of Recipients ¹			Number of Services			Total Payment		
	2006	2007	% Change	2006	2007	% Change	2006	2007	% Change
1: Medicare Supplemental	169,856	169,495	-0.2	6,789,414	6,958,263	2.5	155,816,941	162,420,749	4.2
2: Individual Plan	96,455	94,358	-2.2	2,018,532	2,045,979	1.4	130,708,506	134,335,254	2.8
3: Private Employer Sponsored Fully Self-Ins	110,409	112,761	2.1	2,329,086	2,503,106	7.5	153,021,889	169,536,796	10.8
4: Private Employer Sponsored Insured	13,220	13,566	2.6	273,353	280,049	2.4	17,207,181	17,791,323	3.4
5: Public Employee	468,469	475,348	1.5	11,488,192	12,038,667	4.8	703,419,879	750,705,983	6.7
6: Comprehensive Standard Health Benefit Plan	25,532	15,959	-37.5	647,509	463,141	-28.5	43,280,781	32,506,906	-24.9
7: Medicare Provided by a Medicare HMO/CMS									
8: Taft Hartley Jointly Managed Trust Fund									
9: Payer Code-9 (Unknown Coverage Type)	235	252	7.2	470	604	28.5	91,563	117,034	27.8
Missing or Invalid Code									
Total	841,272	837,966	-0.4	23,546,556	24,289,809	3.2	1,203,546,740	1,267,414,045	5.3

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NOTES:

¹ Total number of recipients will be less than the sum of individual category recipient counts if some recipients receive services in more than one category.
Key to identify a unique recipient: Patient ID + Birth Year + Birth Month + Gender.

² Rules for categorizing services into a PLAN:

Non-HMO

1. Payer is not an HMO provider and Coverage Type (COVTYPE) is non-Medicare (2-6) or Taft-Hartley (COVTYPE = 8).
 - a. Coverage Type (COVTYPE) is non-Medicare (2-6)
 - b. Coverage Type (COVTYPE) is Taft-Hartley (8).
2. Payer is an HMO provider:
 - a. Delivery System (DELVTYP) is non-HMO (2-4).
 - b. Coverage Type (COVTYPE) is non-Medicare (2-6)

HMO Fee for Service:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is not capitated (BILLTYPE = 1).

HMO Capitated:

1. Payer is an HMO provider.
2. Coverage Type (COVTYPE) is non-Medicare (2-6).
3. Delivery System (DELVTYP) is HMO (1 or 5).
4. Service is capitated (BILLTYPE = 8).

Medicare, All Types

- 1, All services with Coverage Type 1 or 7.